IMPERIAL COUNTY
BEHAVIORAL HEALTH SERVICES

PRIVACY COMPLAINT

For Office Use Only:	Date Received

The information you provide here will remain confidential to the extent possible, however we may need to divulge the information to investigate your claim. Anyone may file a complaint. Members of the workforce may use this form to report violations of HIPAA by others in the workforce. You may submit your complaint to:

ICBHS Privacy Officer
202 N. Eighth Street
El Centro, CA 92243
Fax: (442) 265-1583

If you have questions about this form, please contact the privacy officer at (442) 265-1560.

1. YOUR INFORMATION

DATE:			
LAST NAME:	**FIRST NAME:**	**MIDDLE INITIAL:**	
ADDRESS:	**CITY/STATE:**	**ZIP CODE:**	
EMAIL ADDRESS:	**DAYTIME TELEPHONE NUMBER:**	**EVENING TELEPHONE NUMBER:**	
BEST WAY TO REACH YOU:	**BEST HOURS TO REACH YOU:**		

EMPLOYEES ONLY	**EMPLOYEES MAY FILE COMPLAINTS ANONYMOUSLY**	**UNIT TITLE:**	**SUPERVISOR'S NAME:**

2. CONSENT TO DISCLOSE YOUR NAME (OPTIONAL)

Please select one of the following:

☐ I consent to my name being disclosed to investigate this complaint. We will not divulge information about you in our investigation within the limits allowed in law.

☐ I do not consent to my name being disclosed. Not using your name may hinder our ability to complete the investigation.

3. INFORMATION ABOUT YOUR COMPLAINT

NAME OF THE ORGANIZATION YOUR COMPLAINT IS AGAINST:	NAME OF PERSON YOUR COMPLAINT IS AGAINST:	DATE YOU FIRST NOTICED ACTION:	DATE(S) ACTION(S) OCCURRED

Are you filing this information for someone else ☐ Yes ☐ No
If yes, whose health information privacy rights do you believe were violated:

Original: Privacy Officer Canary: Client

PRIVACY COMPLAINT
(continued)

DETAILS OF THE COMPLAINT:

I have reasons to believe that one or more of the following has occurred:

- ☐ The organization/person has inappropriately disclosed my personal health information
- ☐ The organization/person has inappropriately used my personal health information
- ☐ The organization/person has inappropriately disposed of my personal health information
- ☐ The organization/person has denied access to my personal health information
- ☐ The organization/person has denied my amendment to my personal health information
- ☐ The organization's privacy policies and procedures violate HIPAA requirements

Please provide a detailed description of your complaint covering *what, when, who, how, where* , and if you know, *why* about what happened. You may attach additional pages if there is not enough space here.

DO YOU HAVE WITNESS(ES): ☐ NO ☐ YES

If yes, please provide the names, addresses and telephone numbers of your witness(s) below:

Witness Name:	**Address:**	**Telephone Number:**
Witness Name:	**Address:**	**Telephone Number:**

4. RESOLUTION OF YOUR COMPLAINT
(additional pages may be attached if necessary)

PLEASE DESCRIBE HOW YOUR PRIVACY COMPLAINT COULD BE RESOLVED:

5. YOUR SIGNATURE

SIGNATURE:	**DATE:**

Filing a complaint with the Imperial County Behavioral Health Privacy Officer is voluntary. However, without the information requested above, the Privacy Officer may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Privacy Office for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint to Privacy Officer@ImperialCounty.net

Original: Privacy Officer Canary: Client